

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

State of Wisconsin  
-vs-**Petition to Modify  
Bifurcated Sentence  
§302.113(9g)  
(Geriatric/Terminal)**\_\_\_\_\_, Defendant  
Name\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

1. I was sentenced for the crime of \_\_\_\_\_, on (date) \_\_\_\_\_.  
 • The total length of my bifurcated sentence for count \_\_\_\_\_ is \_\_\_\_\_ years, \_\_\_\_\_ months.  
 • My initial term of confinement in prison is \_\_\_\_\_ years, \_\_\_\_\_ months.  
 • The amount of extended supervision ordered by the court at the time of sentencing is \_\_\_\_\_ years, \_\_\_\_\_ months.
- I was sentenced for the crime of \_\_\_\_\_, on (date) \_\_\_\_\_.  
 • The total length of my bifurcated sentence for count \_\_\_\_\_ is \_\_\_\_\_ years, \_\_\_\_\_ months.  
 • My initial term of confinement in prison is \_\_\_\_\_ years, \_\_\_\_\_ months.  
 • The amount of extended supervision ordered by the court at the time of sentencing is \_\_\_\_\_ years, \_\_\_\_\_ months.
- I was sentenced for the crime of \_\_\_\_\_, on (date) \_\_\_\_\_.  
 • The total length of my bifurcated sentence for count \_\_\_\_\_ is \_\_\_\_\_ years, \_\_\_\_\_ months.  
 • My initial term of confinement in prison is \_\_\_\_\_ years, \_\_\_\_\_ months.  
 • The amount of extended supervision ordered by the court at the time of sentencing is \_\_\_\_\_ years, \_\_\_\_\_ months.
2. I am not serving a sentence for a Class A or B felony.
3. ☐ I have not previously filed a petition for modification of bifurcated sentence.  
**OR**  
☐ I have previously had a petition for modification of bifurcated sentence denied by the Program Review Committee. The denial was on (date) \_\_\_\_\_, and it has been over one year since that denial.  
**OR**  
☐ I have previously had a petition for modification of bifurcated sentence denied by the court. The denial was on (date) \_\_\_\_\_, and it has been over one year since that denial.
4. ☐ I am 65 years of age or older and have served at least 5 years of the term of confinement in prison.  
**OR**  
☐ I am 60 years of age or older and have served at least 10 years of the term of confinement in prison.  
**OR**  
☐ I have a terminal condition, and have attached and incorporated into this petition affidavits from two (2) physicians setting forth a diagnosis that I have a terminal condition.
5. ☐ My attorney, if any: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I request sentence modification.

\_\_\_\_\_  
Signature of Petitioner\_\_\_\_\_  
Name Typed or Printed\_\_\_\_\_  
Date

## Distribution:

1. Program Review Committee – Original